

## AUTHORIZATION FOR THE TRANSFER AND/OR RELEASE OF ASSESSMENT RESULTS

### SECTION 1: Student/Offender Information (Student/Offender must complete this Section)

<hr/> Last Name	<hr/> Suffix (Jr., Sr., III)
<hr/> First Name	<hr/> Middle Name (if applicable)
<hr/> Date of Birth	<hr/> Social Security Number (if applicable)

### SECTION 2: Transfer Type (Student/Offender must complete this Section)

I request that my Assessment results be transferred and/or released for the following reason:

- ☐ Release/Transfer of Assessment results to a Clinical Evaluator
- ☐ Release/Transfer of Assessment results to another Risk Reduction Program
- ☐ Release/Transfer of Assessment results to a Court Official, Probation Officer, Employer

### SECTION 3: Transfer Information (Student/Offender or Program initiating transfer must complete this Section)

Name of Program Assessment results Released by/Transferred FROM:

<hr/> Program Name	<hr/> Certification No.
Name of Program or Clinical Evaluator Assessment results Release or Transferring TO:	
<hr/> Program/Clinical Evaluator Name	<hr/> Certification No.

### SECTION 4: This Section should only be completed by the Student/Offender if Assessment results are being released/transferred to someone other than a Risk Reduction Program or Clinical Evaluator (Court, Probation Officer, Employer, etc.)

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Name of Person or Organization Receiving Assessment Results

### SECTION 5: Department of Driver Services Approval (For DDS Use Only)

Reason for transfer of Assessment results to another Risk Reduction Program:

- |   |  |
|---|--|
| <input type="checkbox"/> Course Cancellation                                      | Ga. Admin. Comp. Ch. 375-5-6-.14(c)(1) |
| <input type="checkbox"/> Student/Offender has moved +30 miles from where assessed | Ga. Admin. Comp. Ch. 375-5-6-.14(c)(2) |
| <input type="checkbox"/> Program closure/Temporary Closure                        |  |
| <input type="checkbox"/> Documented Emergency                                     | Ga. Admin. Comp. Ch. 375-5-6-.14(c)(3) |

I do hereby authorize and release the above-referenced program to transfer and/or release my Assessment results to the Program, Clinical Evaluator, or other person/organization named herein. I understand that I may be charged a fee of up to \$25 to have my Assessment results transferred to a Clinical Evaluator or to have my Assessment results transferred to another program, if I have moved more than 30 miles from where I was assessed. I further understand that this release authorization shall remain valid for a period of 90 days and may be revoked at any time, if done so in writing.

<hr/> Signature of Student/Offender	<hr/> Name of DDS Official Approving Transfer
<hr/> Signature of Program Official Initiating Transfer	<hr/> Date

#### IMPORTANT

- (1) Verbal approval from the Department of Driver Services is required before Assessment results can be transferred to another Risk Reduction Program.
- (2) The name of the DDS official approving the transfer must be documented on this form.
- (2) Approval may be obtained by contacting 678-413-8745 by 4:00 p.m. Monday through Friday, excluding holidays.